

# STATE OF MONTANA

Prepare, sign, submit with an original signature and filing fee.  
This is the minimum information required.

APPLICATION *for* REGISTRATION  
or RENEWAL of ASSUMED BUSINESS NAME  
(30-13-203) and (30-13-206) MCA

**MAIL:** **BRAD JOHNSON**  
Secretary of State  
P.O. Box 202801  
Helena, MT 59620-2801

**PHONE:** (406)444-3665  
**FAX:** (406)444-3976  
**WEB SITE:** *sos.mt.gov*



(This space for use by the Secretary of State only)

**Filing Fee: \$20.00**

☐ Priority Filing Fee Add \$20.00

**PLEASE CHECK ONE BOX:**

- ☐ Registration of ABN (30-13-203, MCA) \$20.00  
☐ Renewal of ABN (30-13-207, MCA) \$20.00

1. The Assumed Business Name is: \_\_\_\_\_

NOTE: An applicant for an assumed business name may not use a business name identifier that incorrectly states the type of entity that it is or incorrectly implies that it is a type of entity other than the type of entity that it is.

2. The description of the business transacted under the Assumed Business Name: \_\_\_\_\_

3. The date the applicant first used the assumed business name (Mo\Day\Yr): \_\_\_\_\_

4. The applicant is (check one and complete where appropriate):

- ☐ A Corporation  
☐ A Limited Liability Company  
☐ Association (Attach the names and addresses of members)  
☐ An Individual  
☐ Limited Liability Partnership (Attach the names and addresses of partners)  
☐ A Partnership (Attach the names and addresses of the partners or write below) \_\_\_\_\_

5. The name and address of the applicant are as follows:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I, HEREBY SWEAR AND AFFIRM, under penalty of law, that the facts contained in this Application are true.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**NOTE:** There are important legal and accounting procedures and implications with respect to this corporate action. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office encourages that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

# Application for Registration or Renewal of ABN

## HELP SHEET

Please type or print clearly when filling out this form.

**Assumed Business Name.** When listing the name to be registered be sure to emphasize the spaces in the name, especially between initials. An applicant for an assumed business name may not use a business name identifier that incorrectly states the type of entity that it is or incorrectly implies that it is a type of entity other than the type of entity that it is. (30-13-202, MCA)

**Date of Application.** You may register an Assumed Business Name up to 90 days prior to beginning business.

**Date the Assumed Business Name was first used.** Please indicate a month, day and year. If first date of use is when you register, please put date of registration. There is no penalty if you conducted business under the name prior to the date of application. This date simply establishes your right to the use of the name.

**Applicant.** The applicant can be a corporation, a limited liability company, an association, an individual, a limited liability partnership, a partnership, or another organization. Be sure that the box you check in number four corresponds with the name and address you use for the applicant in number five. For example, if you check "A Corporation" in number four, then you need to write in the name and address of the corporation in number five.

If the name of the partnership is different from the assumed business name, the partnership name must also be registered with the Secretary of State. This requirement is not necessary for a limited liability partnership.

If the applicant is a limited partnership or a corporation, the limited partnership or corporation must be registered with the Secretary of State.

**Trademarks and Assumed Business Name.** The successful filing of an Assumed Business Name does not necessarily guarantee availability of a trademark. Please read 30-13-311, Montana Code Annotated and seek the advice of a professional to determine the appropriate application.

**Filing Fee.** Please submit this form along with a filing fee of \$20.00. You may request priority filing of your document. Simply mark the "priority filing" line and include an additional \$20.00 with your filing fee. Priority filing ensures that your application will be handled within 24 hours of receipt of the document by our office.

**Submission.** Upon completion, mail with ORIGINAL SIGNATURE to the Secretary of State, PO Box 202801, Helena, MT 59620-2801. Make checks payable to the Secretary of State.

**Compliance Review.** The Secretary of State's office will review this form and send a letter of acknowledgement once your document has met statutory requirements and has been filed with our office. You will receive a letter outlining any deficiencies if your document does not meet statutory requirements. Our office will work with you or your representative to obtain complete and correct information.

**Renewal.** Registration of Assumed Business Names needs to be renewed every five years in accordance with (30-13-206, MCA). If mailing address changes, be sure to notify the Secretary of State's Office because this listing is used to notify the applicant of renewal dates.

All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.

If you have any questions regarding this form, please contact the Secretary of State, Business Services Bureau at (406) 444-3665.